An Interesting Treatise

—ON—

THE MARVELLOUS

INDIAN BOY

LALOO

BROUGHT

TO THIS

COUNTRY

—BY—

M. D. FRACIS.

Morrell Bros., Show Printers, 511 and 513 Arch St., Phila.

Extract from *The Glasgow Herald*, August 10th, 1888.

ANATOMY AND PHYSIOLOGY.

This section resumed its sittings in the Anatomy Class Room, Dr. Cleland in the chair. There was a very large attendance in the early part of the day.

LALOO, THE DOUBLE BODIED BOY.

Dr. J. Macdonald Brown gave a demonstration on arrested twin development, and exhibited Laloo, the double-bodied boy. He said that Laloo was 17 years of age, and was born in Oovan, and it was remarkable that neither the father, mother, brothers, nor sisters were deformed. There were two distinct parts or segments separate from each other, but both attached to the body of the boy. These parts consisted of the two arms, and a pelvis with the lower limbs, these being attached to the lower part of the chest. It was evident that the parasite was well nourished, although it had not grown with the same rapidity. Both segments could be moved about freely, but there was no inherent power of motion in themselves. They were attached to the body by strong ligaments. Their temperature was good, and the sensibility of the parasite to touch or the prick of a pin was very good. The blood supply must also be fairly good. Although both segments had been very carefully examined no trace of a second heart could be made out, but it was quite possible that the heart of the parasite might be within the body of the boy. That, however, was matter for debate, for when the boy was shown in Edinburgh opinion on the subject was very much divided. There were no lungs present in the parasite, though it was possible they also were contained within the body of the boy. With regard to the alimentary system, that was very interesting. There was a distinct feeling of bowel, and it was found that at certain times this bowel became much larger, and in order to keep that bowel as much within his own body as possible Laloo wore a truss. It was also quite possible that there might be small pieces of intestine, and it was also certain that there must be some form of nervous centre in the parasite, though it possessed no independent movement. One extremely interesting point in such a case as this came to be whether it would be possible to remove it without doing any harm to the boy. Some had said that such operations were extremely unsatisfactory, but the chief reason against doing so in the present case was that in the removal of such a large piece of tissue from the body they were dealing with an unknown quantity. They did not know whether the whole of the organs of the parasite were contained within its own body. If that were the case there might be some propriety in dividing the connecting link; but as some of the organs belonging to the parasite might be found to be within the body of the boy it would be exceedingly dangerous to remove it, as that would probably shut off some of the most important organs that were wholly within the body of the boy.

On the motion of the Chairman a hearty vote of thanks was awarded to Dr. Brown for his demonstration.

Laloo was afterwards removed to the Anatomical Museum, where he was carefully and critically examined by a large number of medical men. The boy is of dark complexion, and is evidently in good health, and Dr. Brown remarked that if the medical gentlemen could see him running about and amusing himself they would never dream that he carried with him such a curious parasite.

TESTIMONIALS.

A few of LALOO'S Testimonials of the most eminent Hospitals of London and the eminent Medical Societies are given in this for the satisfaction of the public.

ST. THOMAS'S HOSPITAL, ALBERT EMBANKMENT,
LONDON, MARCH 5, 1888.

Sir:—The case of the boy "Laloo," shown by me with your permission before this Society, exc ted great interest amongst the members, and was acknowledged to be one of the most extraordinary examples of Parasitic Foctus ever seen alive.

Yours truly,
T. C. ABBOTT,
Honorary Secretary, St. Thomas' Hospital Medical and Physical Society.

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22 GORDON STREET, GORDON SQUARE,
LONDON, W. C., MARCH 7, 1888.

I have examined the Indian boy, "Laloo," in the room of the Pathological Society. Laloo has a very pleasing expression, cheerful in disposition, and is very intelligent. J. BLAND SUTTON.

The Pathological Society is the head Medical Society in London, and Her Majesty's Physician, Sir James Paget is the chairman of the same Medical Society, and Sir James has taken the second child's hands into his own hands and examined them very carefully.

LONDON HOSPITAL, WHITECHAPEL ROAD E.,
FEBRUARY 21, 1888.

The case of "Laloo" was examined here and was found to be a true case of attached Foctus. HENRY TOUKS.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH,
EDINBURGH, JULY 3, 1888.

I have carefully examined the boy, "Laloo," and find him to be a good example of arrested twin development.

He is bright and active, and the presence of a parasite does not seem to affect his health or spirits.

MACDONALD BROWN, F. R. C. S.,
Lecturer on Anatomy.

LALOO,

— THE —

Marvellous Indian Boy.

Brought to this Country by M. D. Fracis.

HISTORY.

LALOO, native of Oovon (in Oudh), is now 17 years of age. The child was born with head presentation, the hands of the protruding Half Body encircling his neck.

FAMILY HISTORY.

His mother has borne four children; the first one, now 18 years of age, is a girl. Both father and mother are strong and healthy. Their respective ages are 48 and 42, and the boy, the subject of this treatise, is the second child; the other two sons were born after him, one three years after the birth of LALOO, and another five years after the birth of the third. The third and the fourth children are now dead; the third died at the age of three years and the fourth four months after its birth. There is no family history of deformity, either in the parents or in their children.

PRESENT CONDITION OF THE BOY.

LALOO is over five feet in height, his body properly developed, and head remarkably well formed. He is very intelligent and good looking, and his health is excellent. When about two years old he suffered from an attack of small-pox; the eruptions appeared on both bodies, where a few traces of them can still be seen, chiefly on the left leg and the two upper extremities.

DESCRIPTION OF THE ARCADIÆ, OR HALF BODY.

THE HALF BODY is firmly adherent to the boy, on the lower part of the sternum, on the right side of it, close to the ensiform cartilage. The surface of the skin presents well-marked venous capillaries. The Half Body occupies a portion of the boy's chest, and is situated partly in lower portion of the boy's chest, partly in the epigastric, and partly in the right hypochondriac region. The protrusion consists of two main divisions, formed of the two upper and the two lower extremities, and seems as if hooked on to the boy by two ball and socket joints. The joint by which the upper limbs are supported is mobile in every direction, or is capable of giving free rotation to them in all directions. The boy freely takes advantage of this rotary movement, and places the upper limbs round his neck. The lower limbs are not so very free in their movements; their rotation is limited and is attended with pain and discomfort to the boy. The limbs when viewed with the upper extremities turned round the neck, form two cones, both having apices at the root of their insertion. In the case

of the superior extremities, both shoulders meet each other at an acute angle, the hands being put wide apart; in the case of the lower limbs, the apex being formed by the two thighs, and the base below by the distorted feet.

The left hand is fixed and also contorted, the thumb is drawn towards the palm, the fingers are fine, but diminutive in size and webbed.

Right Upper Extremity.—The arm is similar to that on the left side; the elbow joint is anchylosed; the forearm is very small—the radius and ulna only about two inches in length; the wrist is very small. The hand is flexed and approximated to the diminutive forearm; the fingers are only four; there is no thumb. The fingers of the right hand are better developed than those of the left. The phalanges are distinctly felt and well formed. The whole mass of the upper extremities lies flabbily over the left half of the abdomen of the boy, in the direction downwards and outwards, and also over the left thigh. On pricking the skin over any part of the Half Body it is sensitive, as the pain is complained of by the boy.

DESCRIPTION OF THE LOWER LIMBS.

The mass hangs slantingly downwards, outwards, and to the right. The groins and genitals look towards the abdomen of the boy, the glutei lie anteriorly. It consists of the two lower extremities. It hangs by a pedicle, which is very large and cartilaginous. It is not so mobile as the other mass formed of the upper limbs. The pedicle is felt at a point an inch below and to the right of the upper mass. When the boy is sitting or standing, the gluteal portion of the mass lies in a di-

rection perpendicular to the glutei of the boy. Both the glutei appear separate and distinct. There is a notch between them which presents the trace of an anal aperture. Between the glutei at this upper portion there is a bony feel, which represents a diminutive sacrum; in all other respects the glutei are soft. The iliac bones are in a rudimentary condition; the crests can be felt at the upper part forming the base of the cone. The thighs are well developed. The legs are flexed upon the thighs, and lie at an acute angle, forming a union between the lower half of the thigh and upper half of the legs by a fold of skin. The feet are well developed.

THE RIGHT FOOT,

There is talapes varus. The toes are three, the other two are absent. Left foot is not so much twisted as the right. The toes are complete and well formed.

When the boy is in a sitting posture, the Half Body lies in such a manner as to give the appearance of a mother holding her babe for the purpose of suckling. In various works on midwifery this kind of birth is regarded in the light of a multiple pregnancy, the term multiple pregnancy being used in cases where more than one germ are simultaneously developed. The twins often develop from two distinct ova, but may both originate from a single ovum. In the latter case placenta, chorion, and reflexa are common to both. In the case under consideration even the amnion may have one for both. The twins developed from the same ovum are always of the same sex. Thus in this particular instance the sex is directly opposite.

The growth and development of the Half Body takes place with the growth of the boy. This may be easily explained. In the case of multiple pregnancy, free anastomosis exists between the placental vessels of the two embryos, where the two anastomosis is extreme and complete. Both the fœtuses are properly nourished, and separate twins are born, bearing to one another through life strong resemblance as regards features, stature, and other physical peculiarities, physical and mental capabilities, etc. In cases where the communications are incomplete, the stronger current of blood circulating in one placenta pushes back the weaker one, and thus interferes with or impedes the less favored fœtus. In the latter class of cases, after a time circulation in the weaker vessels becomes arrested, till at last it ceases altogether. The blood current now keeps up the heart's action in only one of the fœtuses, or in the only well-formed one. In the case of the other the heart, lungs, head, and trunk atrophy, leaving mere traces or simple appendages attached to the healthy fœtus. Notwithstanding this change circulation in the less-favored fœtus, or in the acardia, still goes on. It is insufficient to nourish or develop the upper parts of the body, as the head and trunk, but the lower extremities fully, and the upper limbs partially, share in the supply and go through imperfect development and growth. Thus the less favored foetus receives its nutritive supplies from the normal fœtus.

The circulation of blood in the acardia can be thus explained. The venous blood from the healthy fœtus is

carried by the umbilical arteries to the placenta, owing to the force of the foetal heart of the well-developed fœtus, this blood current goes through the communicating branches to the umbilical arteries of the imperfect fœtus. This force is insufficient to carry the blood to the upper part of the body of the mass. The result is that there is insufficient blood to develop and nourish the head and trunk. The limbs, owing to their favorable position, receive a better supply from the umbilical vessels, and are, therefore, continuously, though imperfectly, assisted in their growth and development. In the present instance communication is thus kept up between the umbilical vessels of the boy and the Half Body. The mixed blood from the boy goes to supply the remnant with imperfect nourishment. The blood, with the excreta and other products, goes back into the circulation of the boy.

There is no discharge of fœces from any part of the Half Body, but the sweat appears simultaneously with the breaking up of perspiration in the body of the boy; similarly the skin of the Half Body becomes hot when the boy feels feverish. The urine is passed separately by the Half Body. The boy is not cognizant of urination in the Half Body till after the urine has passed.

Exposure to cold increases the frequency of micturition in the boy and the Half Body; and on pricking the skin of the latter at a point nearer the root of origin and insertion of a nerve, pain is felt. Even a light brushing or touching of the skin in the place of close proximity is felt by the boy. Gentle touch to the fingers or toes of the Half Body is hardly perceived.

THE GREAT

Double Bodied Boy,

LALOO,

Well known by all the Eminent Medical Societies, University Colleges and Hospitals of London, Scotland and Germany, etc., arrived in New York from Germany.

Many Curiosities have been seen in the United States, but not one like Laloo have been seen for 500 years, because there is only but one Laloo living on the face of the earth.